



## **Supplemental Application Data Sheet**

### **Application Information**

Application number::	10/709,795
Filing Date::	05/28/04
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	ANCHORING SYSTEMS AND METHODS FOR CORRECTING SPINAL DEFORMITIES
Attorney Docket Number::	101896-0252
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1C
Total Drawing Sheets::	5
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Michael
Middle Name::	A.
Family Name::	Slivka
City of Residence::	Taunton
State or Province of Residence::	MA

Country of Residence:: US  
Street of mailing address:: 90 Lehner Drive  
City of mailing address:: Taunton  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02780

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Hassan  
Middle Name:: A.  
Family Name:: Serhan  
City of Residence:: S. Easton  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 27 Forest Edge Rd.  
City of mailing address:: S. Easton  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02375

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Peter  
Family Name:: Newton  
City of Residence:: San Diego  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 3030 Children's Way, Suite 410  
City of mailing address:: San Diego  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 92123

**Correspondence Information**

Correspondence Customer Number:: 021125

**Representative Information**

Representative Customer Number:: 021125

**Assignee Information**

Assignee name:: DePuy Spine, Inc.  
Street of mailing address:: 325 Paramount Drive  
City of mailing address:: Raynham  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02767